

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013312

STATE FILE NUMBER

FILED MAY 1 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1773

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) 2853 Van Brunt		d. STREET ADDRESS (If outside, give location) 2853 Van Brunt	
3. NAME OF DECEASED (Type or print) First DANIEL Middle LEE Last GUENTHER		4. DATE OF DEATH Month April Day 6 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	
11. BIRTHPLACE (City and state or country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joe H. Guenther		13b. MOTHER'S MAIDEN NAME Betty Gordon	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Joe H. Guenther, 5409 Hardesty, K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Became caught in bed post.	
20c. TIME OF INJURY Hour 12:30 Month 4 Day 6 Year 59 p.m.		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Kansas City, Jackson		20f. COUNTY Missouri	
20g. STATE Missouri		20h. CITY, TOWN, OR LOCATION Independence, Missouri	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Geo. C. Carson & Sons		22b. ADDRESS 6627 Park St. S.W.	
22c. DATE SIGNED 4-7-59		22d. NAME OF CEMETERY OR CREMATORY Mount Grove Cemetery	
22e. LOCATION (City, town, or county) Independence, Missouri		22f. STATE Missouri	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 4-7-59	
26. REGISTRAR'S SIGNATURE Neva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Raymond E. Lobman

Licensed Embalmer No. *4266*

P. O. Address *Under Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.